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Ethics Rounds

Edited by Joseph J. Fins, MD

Case Presentation: Contracting for Chronic Pain Relief

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A middle-aged woman was referred to a chronic pain clinic by her primary care physician. She was reported to have been suffering from severe pain in her left leg after back surgery for a disc herniation associated with a fall in her home 1 year ago. Her primary care physician had treated her with opioid analgesics, but had become uncomfortable with the patient's requests for ever-increasing doses and her exclusive reliance on short-acting opioid pain medication as "the only thing that makes the pain bearable for a while."

Past medical history was significant for a bipolar disorder, which had been stable on medication, with no hospitalizations in the past 10

years. The patient had not felt able to return to work since the surgery, and as a result had lost her job as a medical assistant. She reported suffering not only from her physical disability, but also from financial constraints and social isolation. She was single and mentioned only a sister in California and her Protestant faith as her support system. Her circle of friends had almost completely disappeared since she had stopped working and the focus on her pain had become increasingly problematic. She denied any history of alcohol or drug abuse.

The pain clinic evaluation revealed a strong neuropathic component in her back and leg pain, with allodynia and hyperalgesia experienced on examination of the left L4-5 and L5-S1 distributions. Recent neurosurgical and orthopedic consultations had identified no surgically correctable problem. The pain specialist recommended changing to a long-acting opioid, neuropathic medication trials, intensive physiotherapy in the water, and a cognitive-behavioral pain management program to assist the patient in setting and achieving realistic therapeutic goals. The patient was also advised of interventional treatment options like nerve blocks.

The pain specialist indicated that they would take over the prescription of opioids until the patient was stabilized. To do so, the clinic required that the patient sign a contract stating that she would (1) not exceed the prescribed dosage without consulting the pain specialist, (2) not get opioid prescriptions from other sources, (3) not receive medication from more than one pharmacy, and (4) understand that periodic random drug screening tests might be requested.

The patient declined signing the contract, arguing that it "infringed on her rights." No further explanations for her refusal could be elicited during the interview. She also refused the other treatment recommendations, saying she was too overwhelmed and that she was not able to tolerate any of the medications except short-acting opioids.

Is insisting on a contract preceding any treatment with opioids justifiable, not only from a professional, but from an ethical perspective?

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